



**ASAM** American Society of  
Addiction Medicine

# Using AMNet to Track Opioid Use Disorder Treatment Outcomes



# SCHEDULE

4:00 – 4:05 pm

Announcements

ASAM STAFF

4:05 – 4:45 pm

Using AMNet to Track OUD  
Treatment Outcomes

DR. KAMPMAN / DR. HURLEY

4:45 – 5:00 pm

Questions & Answers

DR. KAMPMAN / DR. HURLEY

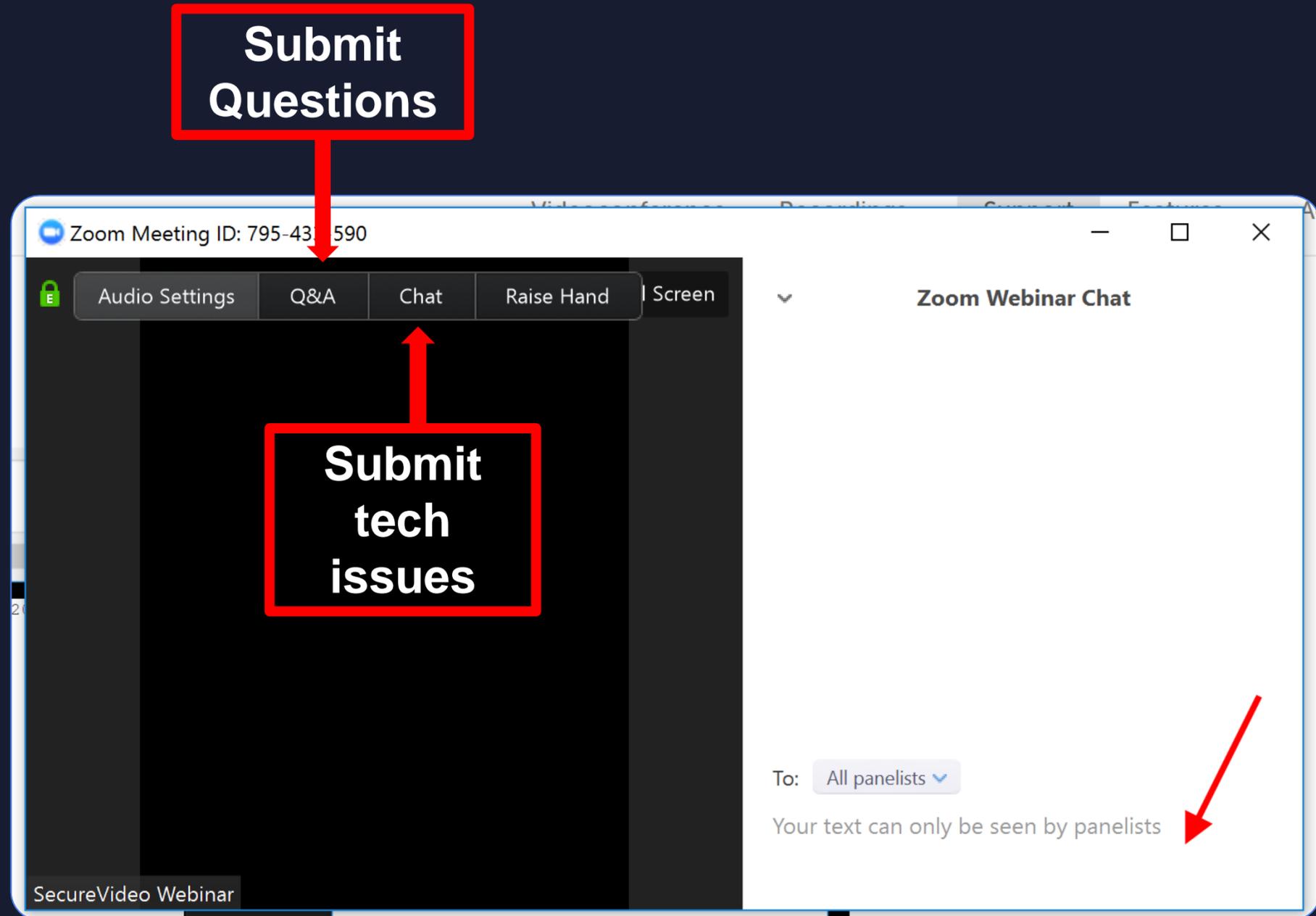
5:00 pm

Concluding Remarks

ASAM STAFF

# ANNOUNCEMENTS

1. **Attendee Audio:** Your mics are automatically set to mute.
2. **Questions?** Type questions into the Q&A box.
3. **Technical Issues?** Use the chat box feature to submit questions to your hosts.



# Using AMNet to Track Opioid Use Disorder Treatment Outcomes

REGISTER (FREE!)

★★★★★ 4.67 (3 votes)

Includes a Live Event on 01/27/2021 at 4:00 PM (EST)

Overview

Speakers

Handouts

Credits and Disclosures

Contents (4)



## Using AMNet to Track Opioid Use Disorder Treatment Outcomes

Opioid use disorder is a chronic, relapsing disease, which has significant economic, personal, and public health consequences. The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use was developed to assist in the evaluation and treatment of opioid use disorder. Topics covered included: opioid withdrawal management, psychosocial treatment, special populations, and opioid overdose.

This webinar outlines the highlights of the [2020 Focused Update of the National Practice Guideline for the Treatment of Opioid Use Disorder](#), focusing on the several new buprenorphine formulations recently approved by the FDA. The webinar also outlines AMNet measures that can be used to track implementation of the guidelines and treatment outcomes.

AMNET is an Addiction Medicine practice-based research network. Learn more and join the network [here](#).

### Session Information

**Date:** Wednesday, January 27, 2021

**Time:** 4:00-5:00 pm ET

# HOW TO OBTAIN CME

1. Go to:

<https://elearning.asam.org/p/NPG2020>

2. Go to **Contents** tab

3. Complete:

CME Quiz

Evaluation

Credit and Certificate

# PRESENTER



**Kyle Kampman, MD,  
FASAM**

- Professor of Psychiatry at the University of Pennsylvania with extensive experience in the treatment of alcohol, cocaine, and opioid dependence.
- Chaired the committee that wrote the *ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use*; a recognized authority on cocaine withdrawal syndrome.
- Works at the Addiction Recovery Unit of the Philadelphia VA Medical treating cocaine, alcohol, and opioid dependent patients with both medications and psychotherapy.

# FINANCIAL DISCLOSURES – Dr. Kampman

- Alkermes, Other Research Support (includes receipt of drugs, supplies, equipment or other in-kind support), Clinical Condition: Opioid Use Disorder
- World meds, Other Research Support (includes receipt of drugs, supplies, equipment or other in-kind support), Clinical Condition: Opioid Use Disorder

# PRESENTER



**Brian Hurley, MD,  
MBA, FASAM**

- Director of Addiction Medicine for Los Angeles County's Department of Health Services
- Clinical Director for the Treating Addiction in the Primary Care Safety Net Program funded by the California Health Care Foundation; Co-PI on a Tobacco-Related Disease Research Program-funded project integrating smoking cessation services into community mental health centers and patient-centered medical homes.
- President-Elect of the American Society of Addiction Medicine, and member of AMNet Steering Committee

# FINANCIAL DISCLOSURES – Dr. Hurley

No relevant financial disclosures

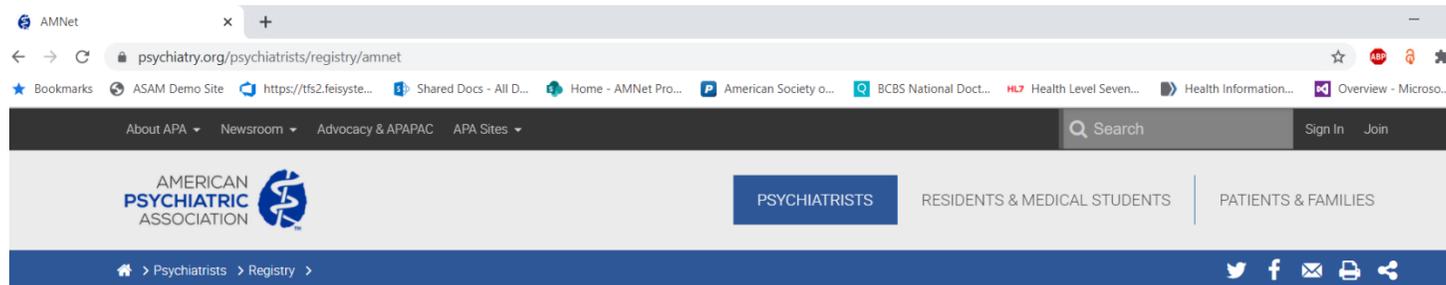


The ASAM  
**NATIONAL  
PRACTICE  
GUIDELINE**  
For the Treatment of  
Opioid Use Disorder  
*2020 Focused Update*



# Using AMNet to Track Opioid Use Disorder Treatment Outcomes

# [psychiatry.org/amnet](https://psychiatry.org/amnet)



## Join AMNet: An Addiction Medicine Practice-Based Research Network

AMNet is a network of addiction medicine providers working to address the opioid epidemic and improve patient outcomes.

### Your Participation Makes a Difference

A collaborative initiative from APA, American Society of Addiction Medicine (ASAM), Friends Research Institute (FRI), and the National Institute on Drug Abuse (NIDA), AMNet is seeking addiction medicine providers from a range of practices to participate in a practice-based research network. The network is focused on measuring and improving patient outcomes through the collection of data in PsychPRO - APA's CMS-Qualified Clinical Data Registry. AMNet will be able to serve as a platform for future research studies.

#### Learn More About PsychPRO:

- [About PsychPRO](#)
- [Who It's For](#)
- [How to Sign Up](#)
- [Frequently Asked Questions](#)
- [EHRs](#)



# LEARNING OBJECTIVES

*At the end of the webinar, you will be able to:*

- ✓ Summarize the guideline's **new and updated treatment recommendations** and discuss how they should be used in practice
- ✓ **Improve clinical care** to address remaining gaps in the treatment of OUD
- ✓ **Apply AMNet measures** to track implementation of the guideline and provide measurement-based care.





# **PART 1:**

# **ASSESSMENT AND**

# **DIAGNOSIS OF OPIOID**

# **USE DISORDER**



# NEW AND MAJOR REVISIONS

## NEW RECOMMENDATION

**Comprehensive assessment** of the patient is critical for treatment planning. However, completion of all assessments **should not delay or preclude** initiating pharmacotherapy for opioid use disorder. If not completed before initiating treatment, assessments should be completed soon thereafter.

### **Rationale:**

- Since patients with opioid use disorder are at risk for significant harm – including overdose and overdose death – a delay in completion of each assessment should not delay treatment.
- This is important for enabling low-threshold treatment initiation in acute care settings.





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# Baseline Measures



1. **Tobacco, Alcohol, Prescription medication, and other Substance use Tool (TAPS-1 and 2)**
2. **PhenX Cigarette Smoking Status/Injection Drug Use**
3. **Brief Addiction Monitor (BAM)**
4. **Short Opiate Withdrawal Scale (SOWS)**
5. **Clinical Opiate Withdrawal Scale (COWS)**
6. **Visual Analog Scale (VAS)**
7. **Patient Health Questionnaire (PHQ-2+1)**
8. **Treatment Effectiveness Assessment (TEA)**



# PART 2: TREATMENT OPTIONS



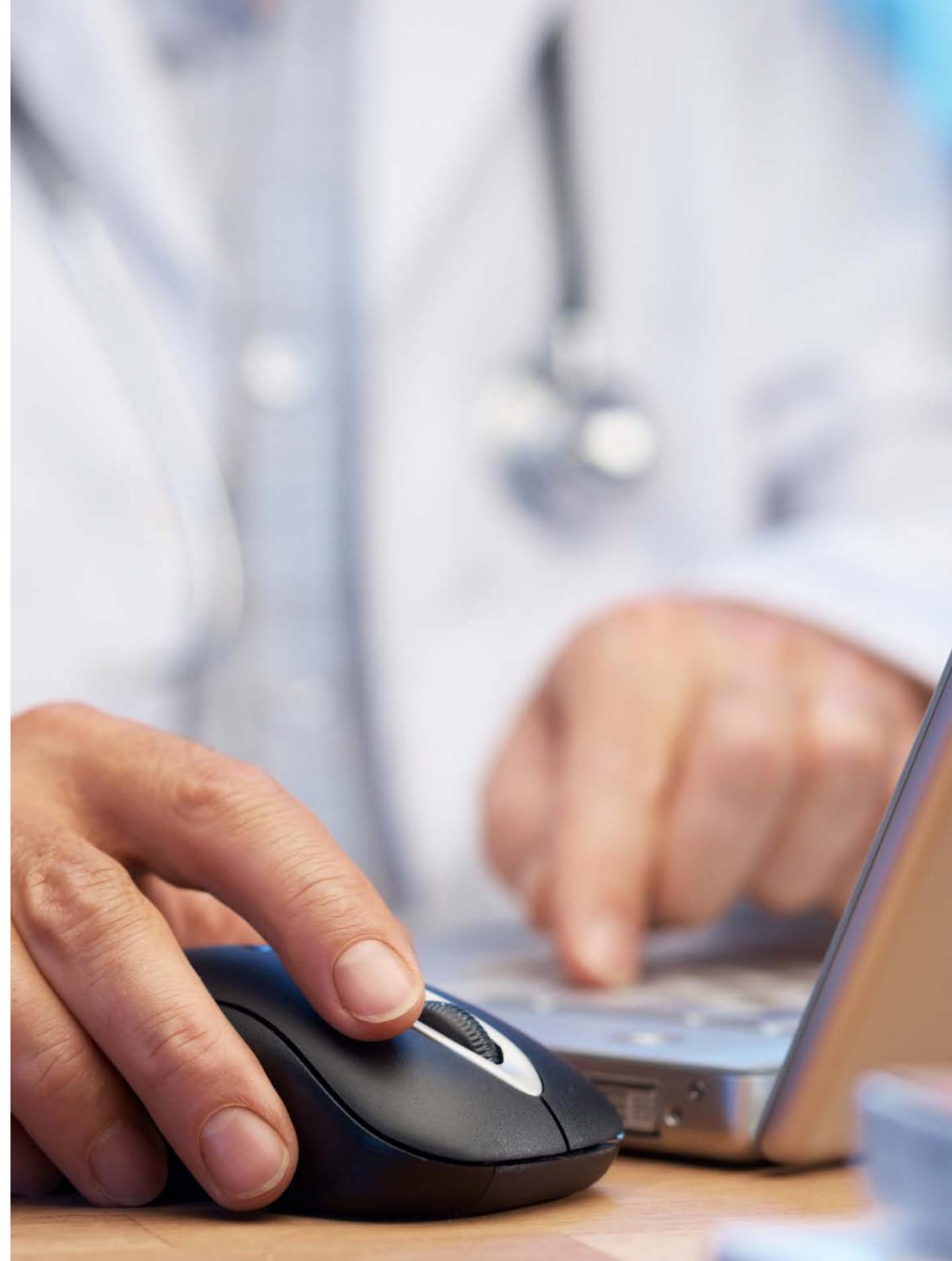
# NEW AND MAJOR REVISIONS

## MAJOR REVISION

- **All FDA approved medications** for the treatment of opioid use disorder **should be available to all patients**.
- Clinicians should consider the patient's:
  - preferences
  - past treatment history
  - current state of illness
  - treatment setting when deciding between the use of methadone, buprenorphine, and naltrexone.

### **Rationale:**

- Several factors should be considered in deciding what treatment(s) to choose for a given patient.
- The choice among all FDA approved treatment options should be a shared decision between the clinician and the patient.



# NEW AND MAJOR REVISIONS

## NEW RECOMMENDATION

Opioid dosing guidelines developed for chronic pain, expressed in morphine milligram equivalents (MME), **are not applicable** to medications for the treatment of opioid use disorders.

**Rationale:**

Higher MME dosage of medications used in the treatment of opioid use disorder are necessary and clinically indicated for effective treatment.





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[View Score](#)

## PROMIS-PAIN

**PLEASE CHOOSE ONE OPTION PER QUESTION.**

In the past SEVEN DAYS

How intense was his/her pain at its worst?

- Had no pain  
 Severe

- Mild  
 Very severe

Moderate

How intense was his/her average pain?

- Had no pain  
 Severe

- Mild  
 Very severe

Moderate

What is his/her level of pain right now?

- No pain  
 Severe

- Mild  
 Very severe

Moderate



# PART 3: TREATING OPIOID WITHDRAWAL



# NEW AND MAJOR REVISIONS

## MAJOR REVISION

**Alpha-2 adrenergic agonists** (e.g., FDA-approved lofexidine and off-label clonidine) are safe and effective for management of opioid withdrawal,



**However, methadone and buprenorphine are more effective in reducing the symptoms of opioid withdrawal**, in retaining patients in withdrawal management, and in supporting the completion of withdrawal management.



# NEW AND MAJOR REVISIONS

## MAJOR REVISION

Opioid withdrawal management with buprenorphine **should not be initiated until there are objective signs of opioid withdrawal.**

**Rationale:**

To avoid precipitated withdrawal.

*Once signs of withdrawal have been objectively confirmed, a dose of buprenorphine sufficient to suppress withdrawal symptoms is given (an initial dose of 2–4mg titrated up as needed to suppress withdrawal symptoms).*





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# Opioid withdrawal measures: SOWS



## AMNet SOWS

### WITHDRAWAL

Please choose one option for each of the following conditions in the last 24 hours:

Feeling sick

None  
 Severe

Mild

Moderate

Stomach cramps

None  
 Severe

Mild

Moderate

Muscle spasms/twitching

None  
 Severe

Mild

Moderate

Feeling of coldness

None  
 Severe

Mild

Moderate

Heart pounding

None  
 Severe

Mild

Moderate

Muscular tension

None  
 Severe

Mild

Moderate

# Opioid withdrawal measures: COWS



## AMNet COWS \*

**WITHDRAWAL PLEASE SELECT THE OPTION THAT BEST DESCRIBES THE PATIENT'S SIGNS OR SYMPTOMS. RATE ON JUST THE APPARENT RELATIONSHIP TO OPIATE WITHDRAWAL.**

Resting Pulse Rate: measured in beats/minute after the patient is sitting or lying for one minute.

- pulse rate 80 or below  
 pulse rate greater than 120

pulse rate 81-100

pulse rate 101-120

Sweating: over past 1/2 hour not accounted for by room temperature or patient activity

- no report of chills or flushing  
 beads of sweat on brow or face

- subjective report of chills or flushing  
 sweat streaming off face

flushed or observable moistness on face

Restlessness: observation during assessment

- able to sit still  
 pupils so dilated that only the rim of the iris is visible

reports difficulty sitting still, but is able to do so

frequent shifting or extraneous movements of legs/arms

Pupil size

- pupils pinned or normal size for room light  
 pupils so dilated that only the rim of the iris is visible

pupils possibly larger than normal for room light

pupils moderately dilated

Bone or joint aches: if patient was having pain previously, only the additional component attributed to opiates withdrawal is scored

- not present  
 patient is rubbing joints or muscles and is unable to sit still because of discomfort

mild diffuse discomfort

patient reports severe diffuse aching of joints/muscles



# PART 4: METHADONE



# NEW AND MAJOR REVISIONS

## MAJOR REVISION

The recommended initial dose of methadone ranges from 10 to 30 mg, with reassessment as clinically indicated (typically in 2 to 4 hours).

**Use a lower-than-usual initial dose (2.5 to 10 mg) in individuals with no or low opioid tolerance.**

**Rationale:**

Initial dosing of methadone depends on the level of physical dependence.



# NEW AND MAJOR REVISIONS

## MAJOR REVISION

Following initial withdrawal stabilization, **the usual daily dose of methadone ranges from 60 to 120 mg.** Typically, methadone can be increased by **no more than 10 mg approximately every 5 days** based on the patient's symptoms of opioid withdrawal or sedation.



Some patients may respond to lower doses and some may need higher doses.



Methadone titration should be individualized based on careful assessment of the patient's response.



Long half-life of methadone contributes to overdose risk of titrated too rapidly. Revision provides more flexibility on rate of titration within appropriate range.



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## AMNet BAM

### ADDICTION

Please consider each question and answer as accurately as possible:

In the past 30 days, how would you say your physical health has been:

Excellent  
 Fair

Very Good  
 Poor

Good

In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?

3

Enter number of days (min="00", max="30")

In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?

3

Enter number of days (min="00", max="30")

In the past 30 days, how many days did you drink ANY alcohol?

3

Enter number of days (min="00", max="30")

# Recency and Frequency of Use



# PART 5: BUPRENORPHINE



# NEW AND MAJOR REVISIONS

## MAJOR REVISION

- Once **objective signs of withdrawal are observed**, initiation of buprenorphine should start with a dose of 2 to 4 mg.
- Dosages may be increased in increments of 2 to 8 mg.

**Rationale:**

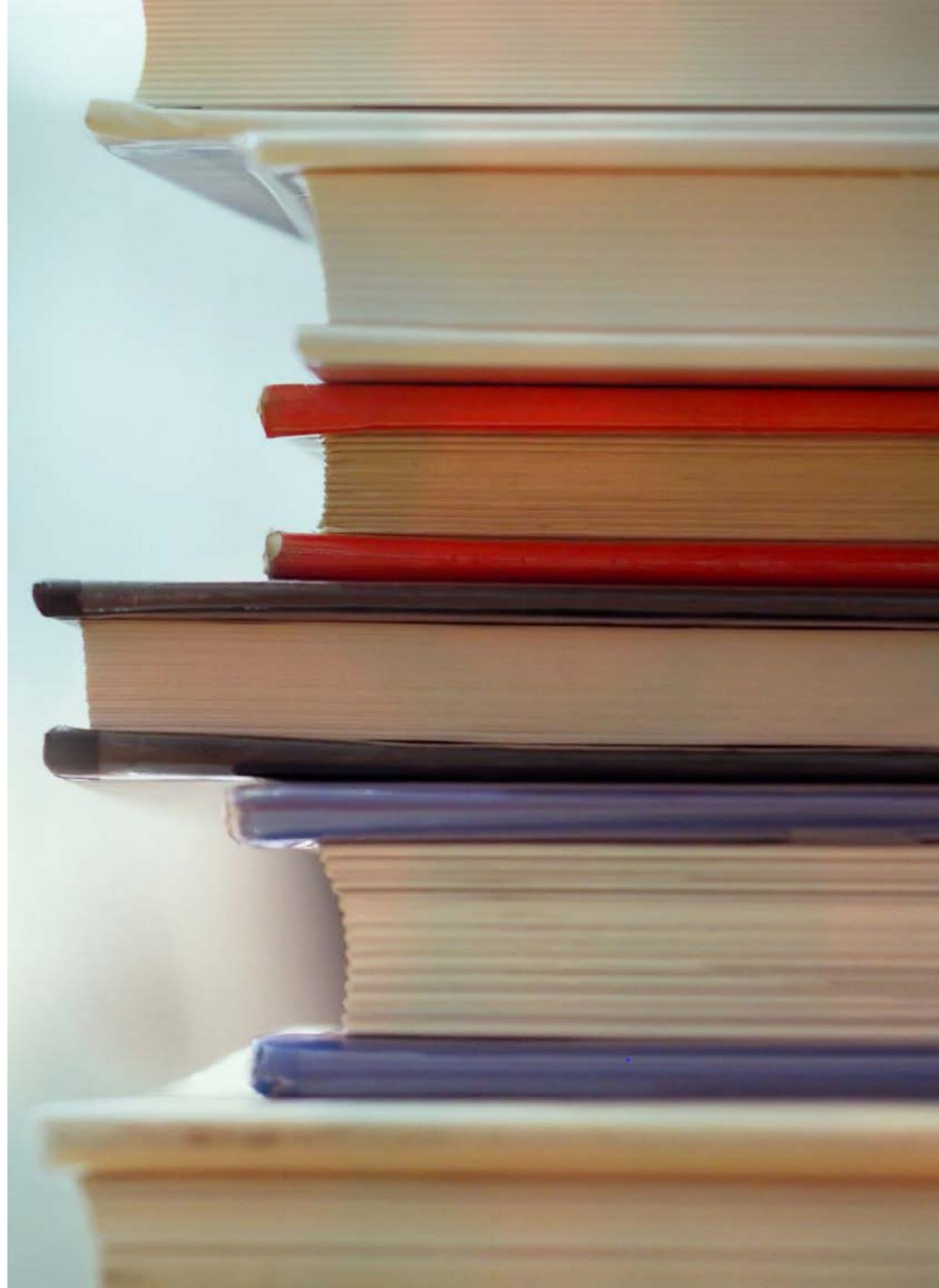
To avoid precipitated withdrawal, objective signs of withdrawal are important



# NEW AND MAJOR REVISIONS

## MAJOR REVISION

- Following initiation, buprenorphine dose should be titrated to alleviate symptoms. **Evidence suggests that 16mg per day or more may be more effective than lower doses.**
- There is limited evidence regarding the relative efficacy of doses higher than 24mg per day, and the use of higher doses may increase the risk of diversion.



# NEW AND MAJOR REVISIONS

## MAJOR REVISION

- Both office-based and **home-based initiation of buprenorphine** are **considered safe and effective** when starting buprenorphine treatment.
- Consider the patient's past experience with buprenorphine and assessment of their ability to manage initiation at home.

**Rationale:**

Home-based buprenorphine initiation has become increasingly common in recent years and is considered safe and effective under appropriate circumstances





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PRO > Clinician Portal

### AMNet SOWS

#### WITHDRAWAL

Please choose one option for each of the following conditions in the last 24 hours:

- |                         |  |                                       |                                |
|-------------------------|--|---------------------------------------|--------------------------------|
| Feeling sick            | <input type="radio"/> None<br><input type="radio"/> Severe | <input checked="" type="radio"/> Mild | <input type="radio"/> Moderate |
| Stomach cramps          | <input type="radio"/> None<br><input type="radio"/> Severe | <input checked="" type="radio"/> Mild | <input type="radio"/> Moderate |
| Muscle spasms/twitching | <input type="radio"/> None<br><input type="radio"/> Severe | <input checked="" type="radio"/> Mild | <input type="radio"/> Moderate |
| Feeling of coldness     | <input type="radio"/> None<br><input type="radio"/> Severe | <input checked="" type="radio"/> Mild | <input type="radio"/> Moderate |
| Heart pounding          | <input type="radio"/> None<br><input type="radio"/> Severe | <input checked="" type="radio"/> Mild | <input type="radio"/> Moderate |

# Home Initiation of Buprenorphine/Naloxone: Patient Portal



# PART 6: NALTREXONE



# NEW AND MAJOR REVISIONS

## MAJOR REVISION

**Extended-release injectable naltrexone** is a recommended treatment for preventing relapse to opioid use disorder in patients who are:

- no longer physically dependent on opioids
- able to give informed consent,
- and have no contraindications for this treatment.

### **Rationale:**

- XTR-Naltrexone has been shown to prevent relapse to opioid use disorder.
- While not eliminating, extended-release naltrexone reduces the poor adherence observed with the oral formulation



# NEW AND MAJOR REVISIONS

## MAJOR REVISION

Extended-release injectable naltrexone should generally be administered every 4 weeks by deep IM injection in the gluteal muscle at the set dosage of 380 mg per injection.

**Some patients, including those who metabolize naltrexone more rapidly, may benefit from dosing as frequently as every 3 weeks.**





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# VAS (Visual Analog Scale)

The screenshot displays the PsychPRO web interface. At the top left, the American Psychiatric Association logo is visible next to the PsychPRO logo and the text "Psychiatric Patient Registry Online". On the top right, there is a "2020 Dashboard" link and a "SECURED SITE" badge with a padlock icon and the text "networksolutions 256 bit Encryption". Below the header, the breadcrumb "PRO > Clinician Portal" is shown. The main content area has three tabs: "Welcome", "Practice Lists", and "Suicide Safety Plan". A "View Score" button is located in the top right corner of the main content area. The section is titled "AMNet VAS" and contains a sub-section for "CRAVING". Below this, a grey box contains the instruction "Please mark the appropriate area on the line:". The question "how much craving are you experiencing in this moment?" is followed by a horizontal slider scale from 0 (Not at all) to 10 (Extremely). The slider is currently positioned at approximately 4. An "Edit" button is located at the bottom left of the slider area, and a "Back To Patient Profile" button is at the bottom center.

AMERICAN PSYCHIATRIC ASSOCIATION | **PsychPRO** | Psychiatric Patient Registry Online

2020 Dashboard | SECURED SITE network solutions 256 bit Encryption

PRO > Clinician Portal

Welcome | Practice Lists | Suicide Safety Plan

View Score

### AMNet VAS

**CRAVING**

Please mark the appropriate area on the line:

how much craving are you experiencing in this moment?

0 (Not at all) | 10 (Extremely)

Edit

Back To Patient Profile



**PART 7:  
PSYCHOSOCIAL  
TREATMENT IN  
CONJUNCTION WITH  
MEDICATIONS FOR THE  
TREATMENT OF OPIOID USE  
DISORDER**



# NEW AND MAJOR REVISIONS

## MAJOR REVISION

A patient's decision to decline psychosocial treatment or the absence of available psychosocial treatment should not preclude or delay pharmacological treatment of opioid use disorder, with appropriate medication management.



Motivational interviewing or enhancement can be used to encourage patients to engage in psychosocial treatment.



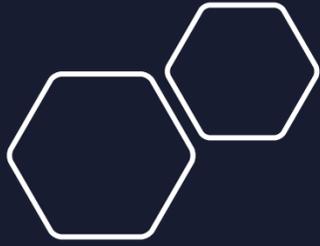
Patients should be offered or referred to psychosocial treatment, based on their individual needs.

### **Rationale:**

- Requirements for psychosocial treatment can present barriers to access to treatment for some patients
- Research has shown that methadone and buprenorphine treatment reduce mortality even without psychosocial treatment.



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# AMNet Psychosocial Instruments: Patient Health Questionnaire

AMERICAN PSYCHIATRIC ASSOCIATION  **PsychPRO**  
Psychiatric Patient Registry Online

[2020 Dashboard](#) 

PRO > Clinician Portal

[welcome](#) [Practice Lists](#) [Suicide Safety Plan](#)

[View Score](#)

### AMNet PHQ 2+1

**EMOTIONAL DISTRESS**

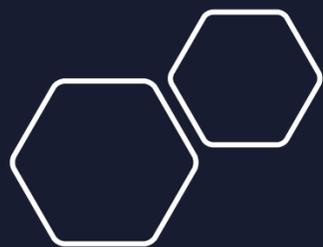
Please choose one option per question:

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things?	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days
	<input type="radio"/> Nearly every day		
Feeling down, depressed, or hopeless?	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days
	<input type="radio"/> Nearly every day		
Thoughts that you would be better off dead, or of hurting yourself?	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days
	<input type="radio"/> Nearly every day		

[Edit](#)

[← Back To Patient Profile](#)



# AMNet Psychosocial Instruments: Columbia- Suicide Severity Rating Scale

AMERICAN PSYCHIATRIC ASSOCIATION  **PsychPRO**  
Psychiatric Patient Registry Online

[2020 Dashboard](#) 

PRO > [Clinician Portal](#) [View Score](#)

### CSSRS=Columbia-Suicide Severity Rating Scale (C-SSRS)

**EMOTIONAL DISTRESS**

Please answer the following questions

In the past month, have you wished you were dead or wished you could go to sleep and not wake up?	<input type="radio"/> No	<input type="radio"/> Yes
In the past month, have you actually had any thoughts about killing yourself?	<input type="radio"/> No	<input type="radio"/> Yes
In the past month, have you thought about how you might kill yourself?	<input type="radio"/> No	<input type="radio"/> Yes
In the past month, have you had any intention of acting on these thoughts of killing yourself, as opposed to you have thoughts but you definitely would not act on them?	<input type="radio"/> No	<input type="radio"/> Yes
In the past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	<input type="radio"/> No	<input type="radio"/> Yes
In the past 3 months, have you ever done anything, started to do anything, or prepared to do anything to end your life? (Examples:	<input type="radio"/> No	<input type="radio"/> Yes

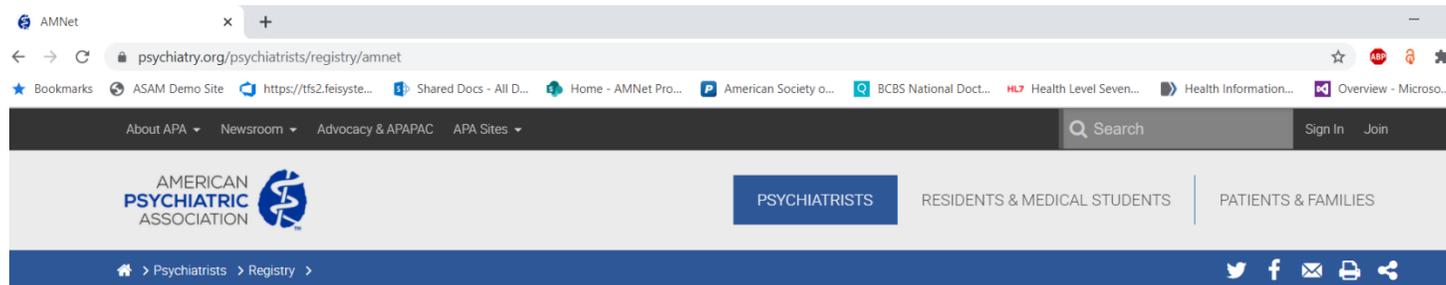
[Edit](#) [Back To Patient Profile](#)



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- [EHRs](#)





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Addiction Medicine

**THANK YOU.**

**QUESTIONS?**

**Email: [education@asam.org](mailto:education@asam.org) or**

**Call: 301.656.3920**